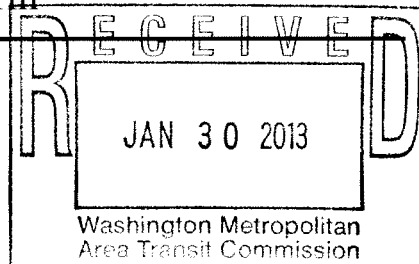


# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

634 | Metro Homes Inc

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

6856 Eastern Ave N.W. | | Washington | DC | 20012

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

\*Telephone | Other Telephone | Fax | E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2064678 | | | |

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Kevin Mattison | Transportation Manager

\*Name

\*Title

202-829-1707 | 202-590-0195 | 202-829-0616 | kmattison@metrohomeshealthcare.com

\*Telephone | Other Telephone | Fax | E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓ SPARE	2005	FORD	1FBSS31S25HA15889	B41463	DC	9	YES
✓ NORTHGATE	2005	FORD	1FBSS31S85HA61467	49622B	MD	9	YES
✓ JULIET	2012	FORD	1FDFE4FS2CDB18846	B45157	DC	11	YES
✓ JUANITA	2012	FORD	1FTSS3EL0CDA86723	B45159	DC	9	YES
✓ PRISCILLA	2010	FORD	1FTSS3EL9ADA10575	B42347	DC	9	YES
✓ MAXINE	2012	FORD	1FBSS3BL7CDA03670	B45386	DC	15	NO
✓ CLAIRE	2010	FORD	1FBSS3BL0ADA77431	B44683	DC	15	NO
✓ ELAINE	2010	FORD	1FBSS3BL5ADA54064	B44684	DC	15	NO
✓ GRACE	2012	FORD	1FBSS3BL8CDA25595	B45151	DC	15	NO
✓ SPARE	2001	FORD	1FBSS31L21HB29006	B45380	DC	15	NO

7. **\*CERTIFICATION:**

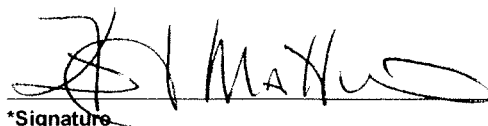
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

KEVIN MATTISON

\*Name (type or print)

TRANSPORTATION MANAGER

\*Title (not required for sole proprietors)



\*Signature

1/4/13

\*Date

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
SPARE	2001	FORD	1FDXE45S11HA19964	50521B	MD	11	YES

7. **\*CERTIFICATION:**

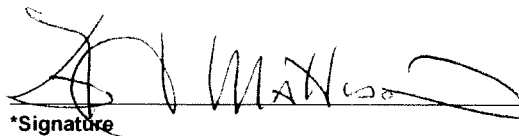
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

KEVIN MATTISON

\*Name (type or print)

TRANSPORTATION MANAGER

\*Title (not required for sole proprietors)



\*Signature

1/4/13

\*Date